

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Geraldine HANSON	<i>Geraldine Hanson</i>	Street: 551 SHERMAN ST. APT 101 City: WAUSAU, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
2. RAYMOND HAGEN	<i>Raymond Hagen</i>	Street: 1816 7TH ST City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
3. Jeannette Suehring	<i>Jeannette Suehring</i>	Street: 820 Kent St. City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
4. Laura HOOD	<i>Laura HOOD</i>	Street: 1205 Pansy Ln City: WAUSAU Zip: 54401	<input checked="" type="checkbox"/> Town Rib <input type="checkbox"/> Village <input type="checkbox"/> City Mountain	11/18/2011 (Month) (Day) (Year)	Email Phone
5. Bradford J. Ness	<i>Brad J. Ness</i>	Street: 1701 Fern Lane City: WAUSAU Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11/18/2011 (Month) (Day) (Year)	Email Phone
6. JAMES P. SOMERS	<i>James P. Somers</i>	Street: 6691 FIFTH LANE City: MARATHON, WI Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAMBURG	11/18/2011 (Month) (Day) (Year)	Email Phone
7. Brenda L. Cartwright	<i>Brenda L. Cartwright</i>	Street: 2010 Hwy. 34 City: MOSINEE Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Knowlton	11/18/2011 (Month) (Day) (Year)	Email Phone
8. Richard K. Wick	<i>Richard K. Wick</i>	Street: 1906 Falcon Ave City: WAUSAU WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11/18/2011 (Month) (Day) (Year)	Email Phone
9. Sharon R Wick	<i>Sharon R Wick</i>	Street: 1906 Falcon Ave City: WAUSAU WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11/18/2011 (Month) (Day) (Year)	Email Phone
10. Josh Dirks	<i>Josh Dirks</i>	Street: 911 N 9th Ave City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, William H. Johnson, (certify): I reside at 15 W. Hancock St City of Madison  
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
 (Month) (Day) (Year)

*William H. Johnson*  
 (Signature of Circulator)

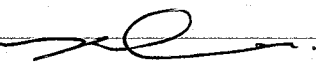
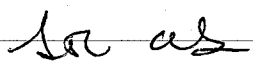
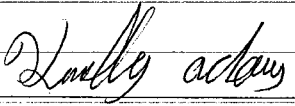

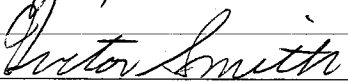

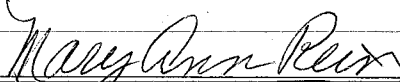
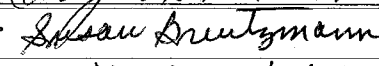
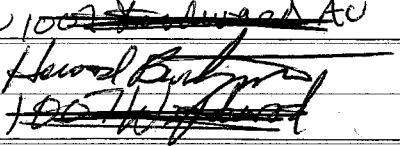
Page No. (Official Use Only)

# 1101

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email	Phone
1. ROBERT DICKERSON		Street: 1863 DEERWOOD TRAIL City: MOSINEE Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KRONENWETTER	11/18/2011 <small>(Month) (Day) (Year)</small>		
2. Seth Adams		Street: 1702 N. 3rd St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>		
3. Kimberly Adams		Street: 1702 N. 3rd St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>		
4. EFFONG OKON		Street: 1531 N 1st Avenue City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>		
5. Victor Smith		Street: 506 Birch St City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	11/18/2011 <small>(Month) (Day) (Year)</small>		
6. JoEllen Immet-Davis		Street: 6008 Jessica St City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/18/2011 <small>(Month) (Day) (Year)</small>		
7. MARY ANN REIN		Street: 651 PRIMROSE LN City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Bergen	11/18/2011 <small>(Month) (Day) (Year)</small>		
8. SUSAN BREUTZMANN		Street: 1007 Woodward Ave City: Rothschild WI Zip: 54474	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rothschild	11/18/2011 <small>(Month) (Day) (Year)</small>		
9. HOWARD BREUTZMANN		Street: Rothschild City: 1007 Woodward* Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	11/18/2011 <small>(Month) (Day) (Year)</small>		
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>		

## Certification of Circulator

I, DOROTHY J MILLER, (certify): I reside at 1800 Cord KK Town Mosinee  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
(Month) (Day) (Year)

  
(Signature of Circulator)

Page No. (Official Use Only)

# 1102

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Elizabeth Scully	<i>Elizabeth Scully</i>	Street: 2005 N Bunk Ave Apt 3 City: Wausau, WI Zip: 54401	<input checked="" type="checkbox"/> Town <i>maine</i> <input type="checkbox"/> Village <input type="checkbox"/> City	11 / 18 / 2011 (Month) (Day) (Year)	Email Phone
2. HENRY REIN	<i>Henry Rein</i>	Street: 651 PRIMROSE LANE City: MOSINEE WI Zip: 54455	<input checked="" type="checkbox"/> Town <i>BERGEN</i> <input type="checkbox"/> Village <input type="checkbox"/> City	11 / 18 / 2011 (Month) (Day) (Year)	Email Phone
3. Deborah Baumgardt	<i>Deborah Baumgardt</i>	Street: 7737 W Cassidy Dr City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stettin</i>	11 / 18 / 2011 (Month) (Day) (Year)	Email Phone
4. James Lehman	<i>James Lehman</i>	Street: 636 S. 6th. Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Wausau</i>	11 / 18 / 2011 (Month) (Day) (Year)	Email Phone
5. Sandra Ruston	<i>Sandra Ruston</i>	Street: 1405 Lake Drive City: Rosholt WI Zip: 54473	<input checked="" type="checkbox"/> Town <i>Bevent</i> <input type="checkbox"/> Village <input type="checkbox"/> City	11 / 18 / 2011 (Month) (Day) (Year)	Email Phone
6. DALE R RUSTON	<i>Dale Ruston</i>	Street: 1405 LAKE DR City: ROSHOLT, WI Zip: 54473	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BEVENT</i>	11 / 18 / 2011 (Month) (Day) (Year)	Email Phone
7. DOROTHY J LUXEM	<i>Dorothy J. Luxem</i>	Street: 2159 River Street Ln City: Kronenwetter Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>KRONENWETTER</i>	11 / 18 / 2011 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, DOROTHY J MILLER, (certify): I reside at 1800 CARD KK Town Mosinee  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
(Month) (Day) (Year)

*Dorothy J Miller*  
(Signature of Circulator)

Page No. (Official Use Only)

# 1103

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Rebekah Mielke	<i>Rebekah Mielke</i>	Street: 901 50 10 <sup>th</sup> St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
2. NANCY A. ZITEK	<i>Nancy A. Zitek</i>	Street: 1305 Hay Lane City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11/18/2011 (Month) (Day) (Year)	Email Phone
3. EILEEN FLYNN	<i>Eileen Flynn</i>	Street: <del>Wausau</del> 1902 Lily Lane City: WAUSAU Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City A. b Mountain	11/18/2011 (Month) (Day) (Year)	Email Phone
4. Karen L. Lodholz	<i>Karen Lodholz</i>	Street: 8103 Azalea Rd City: Wausau Zip: WI 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt	11/18/2011 (Month) (Day) (Year)	Email Phone
5. Robin Daerg	<i>Robin Daerg</i>	Street: 737 Inn City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
6. Jason Lang	<i>Jason Lang</i>	Street: 3802 Swan Ave City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt	11/18/2011 (Month) (Day) (Year)	Email Phone
7. KURT MALIK	<i>Kurt Malik</i>	Street: 1527 BUREK AVE City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
8. RANDY TAYLOR	<i>Randy Taylor</i>	Street: 414 N. 8 <sup>th</sup> AVE City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
9. CHAD MARTEN	<i>Chad Marten</i>	Street: E1275 THORAPPLE CREEK RD City: Ringle WI Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City EASTON	11/18/2011 (Month) (Day) (Year)	Email Phone
10. Linda Lehman	<i>Linda Lehman</i>	Street: 636 S. 6 <sup>th</sup> AVE City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

1. DOROTHY J MILLER, (certify): I reside at 1800 CORD KK Town Mosinee  
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011 Dorothy J Miller  
 (Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
 # 1104

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>LYNN Cumberland</u> Sign: <u>Lynn Cumberland</u>	Street: <u>1315 W. WAUSAU AVE.</u> City: <u>WAUSAU, WI</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	En
2. Print: <u>KIMBERLY SCHAUER</u> Sign: <u>Kimberly Schauer</u>	Street: <u>1315 W. WAUSAU AVE</u> City: <u>WAUSAU</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	En
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	En
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	En
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	En

## Certification of Circulator

I, KIMBERLY SCHAUER (certify): I reside at 1315 W WAUSAU AVE WAUSAU  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011 Kimberly Schauer  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
# 1105

Circulator  
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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Robert Jordan	<i>[Signature]</i>	Street: 1143 Pinery Rd City: Hatley Zip: 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bevent	11/17/2011 (Month) (Day) (Year)	Email Phone
2. Kathleen Decker	<i>[Signature]</i>	Street: 1143 Pinery Rd City: Hatley Zip: 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bevent	11/17/2011 (Month) (Day) (Year)	Email Phone
3. Carol Fierck	<i>[Signature]</i>	Street: E7494 Sunrise Rd City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Easton	11/18/2011 (Month) (Day) (Year)	Email Phone
4. Judith Hoover	<i>[Signature]</i>	Street: 2702 Jonguill Ln. City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt.	11/18/2011 (Month) (Day) (Year)	Email Phone
5. Joanna Ebben	<i>[Signature]</i>	Street: 1010 Young St. City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Phone
6. Mike Agnew	<i>[Signature]</i>	Street: 115 1/2 Stewart Place City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
7. Mary Ann Buchberger	<i>[Signature]</i>	Street: 1402 4th Rd. W City: Marathon Zip: 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Marathon	11/18/2011 (Month) (Day) (Year)	Email Phone
8. Susan Dexter	<i>[Signature]</i>	Street: 318 Scott St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
9. Judith Ritterbach	<i>[Signature]</i>	Street: 701 N 14th St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
10. Nick Seis	<i>[Signature]</i>	Street: 309 Jefferson City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Shirley Schwantz, (certify): I reside at City - Wausau St Wausau - city  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/18 2011  
(Month) (Day) (Year)

Shirley Schwantz  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1106

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Tammy Neu	<i>Tammy Neu</i>	Street: 5904 Normandy St City: Weston, WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Dale Wreck	<i>Dale Wreck</i>	Street: 1792 Eske Rd City: Hctley Zip: 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Reid	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. VERONICA HOPE	<i>Veronica Hope</i>	Street: 409 FOUR MILE CREEK RD. City: MOSINEE Zip: 54459	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MOSINEE	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Paul Kern	<i>Paul Kern</i>	Street: 427 Four mile Creek Rd City: Mosinee WI Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mosinee	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. BARB ECKES	<i>Barb Eckes</i>	Street: 1970 Kowalski Rd City: Kronenwetter, WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Marlene Myer	<i>Marlene Myer</i>	Street: 904 Washington City: WAUSAU, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. KAREN KURTH	<i>KAREN KURTH</i>	Street: 2012 E. HAMILTON ST City: WAUSAU Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Stephen A. H. Wright	<i>Stephen A. H. Wright</i>	Street: 3405 Richards Rd. City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. THOMAS R. PETERSON	<i>Thomas R. Peterson</i>	Street: 5103 BLANKENBURY DR City: WAUSAU, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. Frank R. Schoenfuss, Jr.	<i>Frank R. Schoenfuss, Jr.</i>	Street: 531 1/2 McIndoe St. City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, Shirley Schwartz, (certify): I reside at 709 Kent St. City - Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
(Month) (Day) (Year)

Shirley Schwartz  
(Signature of Circulator)

Page No. (Official Use Only)

# 1107

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. KERRY WOODRUFF	[Signature]	Street: 10205 PHILSANT RUN City: WESTON WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WESTON	11/14/2011 (Month) (Day) (Year)		
2. Deborah Jagdfeld	[Signature]	Street: 6300 Birch City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/16/2011 (Month) (Day) (Year)		
3. Jane Wether	[Signature]	Street: 521 Grant ST City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		
4. Sam Kind	[Signature]	Street: 602 1/2 S. 4th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		
5. Jason Cleveland	[Signature]	Street: 725 1/2 Wernke Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		
6. Deborah Link	[Signature]	Street: 1504 N 3rd Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		
7. Kevin Green	[Signature]	Street: 195 Schmale ALE City: Rothschild WI Zip: 54914	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	11/16/2011 (Month) (Day) (Year)		
8. Mike Vincelli	[Signature]	Street: 313 N. 3rd. Ave. City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		
9. James Lewis	[Signature]	Street: 709 N 4th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		
10. Bao Vang	[Signature]	Street: 1226 Semner City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		

## Certification of Circulator

I, Daniel Hazen, (certify): I reside at 7402 Wall St Rothschild  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)

# 1108

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Kurt Gressor	Kurt Gressor	Street: 6040 Kristof Rd City: Halley WI Zip: 54440	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Bevent	11/16/2011 (Month) (Day) (Year)	Email Phone
2. Mark Brief	Mark Brief	Street: 5111 S. Timber St. City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/16/2011 (Month) (Day) (Year)	Email Phone
3. Larry Marshall	Larry Marshall	Street: 3913 Knack Ave City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	11/16/2011 (Month) (Day) (Year)	Email Phone
4. DIANNE AMES	Dianne Ames	Street: 1616 Marsten St City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)	Email Phone
5. Bill Neyens	William Neyens	Street: 1713 Crestview Dr City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)	Email Phone
6. Darlene Kaczmarek	Darlene Kaczmarek	Street: 5711 Forge Street City: Schofield WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	11/16/2011 (Month) (Day) (Year)	Email Phone
7. Barb Landsdorf	Barb Landsdorf	Street: 1320 McIndoe St City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)	Email Phone
8. Karen Pless	Karen Pless	Street: 1320 McIndoe St City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)	Email Phone
9. Julie Cummins	Julie Cummins	Street: 801 Ros City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)	Email Phone
10. Savannah Brooks	Savannah Brooks	Street: Wausau 726 Franklin City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Daniel Hazant, (certify): I reside at 7402 Wall St Rothchild  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 18 20 11  
(Month) (Day) (Year)

Dan Hazant  
(Signature of Circulator)

Page No. (Official Use Only)

# 1109

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Judy Brodjick	Judy Brodjick	Street: 719 N 6th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		
2. Bruce Thurs	Bruce Thurs	Street: 1201 N- 28th Ave City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mainé	11/16/2011 (Month) (Day) (Year)		
3. Jay Carlson	Jay Carlson	Street: 301 S. 10th St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		
4. Nicole Hollander	Nicole Hollander	Street: 11614 Brooksia Ln City: Merrill Zip: 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		
5. William Trotschel	William Trotschel	Street: 940 Jackson St. City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		
6. Karen Lach	Karen Lach	Street: 331 S 4TH ST City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	11/16/2011 (Month) (Day) (Year)		
7. Deanne Hayes	Deanne Hayes	Street: 1216 S. 8th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		
8. Elizabeth Bye	Elizabeth Bye	Street: 1507 Glenwood Dr City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Weston	11/16/2011 (Month) (Day) (Year)		
9. Carla Murdoff	Carla Murdoff	Street: 305 E. Cnty Rd A City: Athens WI Zip: 54411	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Halsey <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)		
10. Megan Krueger	Megan Krueger	Street: 126 Ethel Street City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		

## Certification of Circulator

I, Daniel Horvath, (certify): I reside at 7402 Wall St Rothschild  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011 Dan Horvath  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

# 1110

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Andrew Krocawing	<i>[Signature]</i>	Street: 1709 Cherry St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/16/2011 (Month) (Day) (Year)		
2. Dianna Walley	<i>[Signature]</i>	Street: 807 Grand Av City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		
3. Penny Wiskowski	<i>[Signature]</i>	Street: 1207-3rd St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)		
4. Daniel Hazant	<i>[Signature]</i>	Street: 7402 Wall St City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	11/14/2011 (Month) (Day) (Year)		
5. Jennifer Hazant	<i>[Signature]</i>	Street: 7402 Wall St City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)		
6. Katie Carrow	<i>[Signature]</i>	Street: 925 Washington City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)		
7. ELIZABETH SCHLICK	<i>[Signature]</i>	Street: 2927 River St City: SCHOFIELD WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SCHOFIELD	11/17/2011 (Month) (Day) (Year)		
8. GERRI ZUBER	<i>[Signature]</i>	Street: 5405 CAMP PHILLIPS City: WESTON WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village WESTON <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)		
9. KENNETH ZUBER	<i>[Signature]</i>	Street: 5405 CAMP PHILLIPS City: WESTON WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village WESTON <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)		
10. LISA Viny	<i>[Signature]</i>	Street: 805 Flierth St Apt 4 City: Wausau Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)		

## Certification of Circulator

I, Daniel Hazant, (certify): I reside at 7402 Wall Rothschild  
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011 Daniel Hazant  
 (Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

# 1111

Circul

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Timothy Talkington		Street: 1026 S. 3rd Ave City: Wausau, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)		
2. Patti Everson		Street: 2172 Hidden Cove Ln City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	11/17/2011 (Month) (Day) (Year)		
3. Linda Barber		Street: 8902 Jones St City: Weston, WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	11/17/2011 (Month) (Day) (Year)		
4. Philip Benzinger		Street: 5401 Sherman Box 314 City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)		
5. Tony Nichols		Street: 2435 Grand Ave #1 City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)		
6. MARK Lechur		Street: 1000 Zeta St Apt 24 City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	11/17/2011 (Month) (Day) (Year)		
7. Stacy Elson		Street: 2115 Wood Rd City: Kienewater Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kienewater	11/17/2011 (Month) (Day) (Year)		
8. Lori Brown		Street: 1210 So. 11th Ave City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)		
9. Mike Dopkins		Street: 725 Fulton City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)		
10. Pat Schultz		Street: T8721 County Rd City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tappan	11/17/2011 (Month) (Day) (Year)		

## Certification of Circulator

I, Daniel Hazard, (certify): I reside at 7402 Wall St Rothschild  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 1 18 2011  
(Month) (Day) (Year)

Daniel Hazard  
(Signature of Circulator)

Page No. (Official Use Only)

# 1112

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Patricia Oberstein	Patricia Oberstein	Street: 2808 Lynx Rd City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town Mosinee <input type="checkbox"/> Village <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)		
2. Kimberly Oberstein	Kimberly Oberstein	Street: 2808 Lynx Rd City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town Mosinee <input type="checkbox"/> Village <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)		
3. Mary C. Steffen	Mary C. Steffen	Street: 30 Brown Blvd #1 City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)		
4. Linda Wendler	Linda Wendler	Street: 8405 8405 Castle Ln City: Schfield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)		
5. Jane Woyman	Jane Woyman	Street: 6465 Red Oak Ct City: Schfield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)		
6. Rita Wonoski	Rita Wonoski	Street: 1850 Kimberly Rd City: Kronenwetter Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kronenwetter <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)		
7. Jenny Sandoval	Jenny Sandoval	Street: 1872 Jackie Rd City: Kronenwetter Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kronenwetter <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)		
8. Mary Osswald	Mary Osswald	Street: 1761 Jackie Rd City: Kronenwetter Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kronenwetter <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)		
9. Lotti Drake	Lotti Drake	Street: 12342 CT Rd E City: Merrill Zip: 54452	<input checked="" type="checkbox"/> Town Scott <input type="checkbox"/> Village <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)		
10. Mary E. White	Mary E. White	Street: 1500 Merrill Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)		

## Certification of Circulator

I, Daniel Hazant, (certify): I reside at 7402 Wail St Roschild  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

Page No. (Official Use Only)

# 1113

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Donelle White	Donelle White	Street: 1508 Merrill Ave #215 City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone
2. Darin Zunker	Darin Zunker	Street: 1208 S. 6th Ave City: Wausau, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone
3. Heather Holman	Heather Holman	Street: 1717 Porter St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone
4. Clare Ostwald	Clare Ostwald	Street: 931 Kent St City: Wausau Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone
5. Rachel A. Alway	Rachel A. Alway	Street: 11669 Co. Hwy B City: Grandon Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone
6. Richard Ostwald	Richard Ostwald	Street: 931-Kent St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone
7. Barb Ball	Barb Ball	Street: 610 Callan City: Wausau Zip:	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone
8. Alicia Chika	Alicia Chika	Street: 734 Jefferson St City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone
9. Douglas Todd	Douglas Todd	Street: 1911 Lillie St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone
10. Alice Rosenau	Alice Rosenau	Street: 1406 Flax Ln City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City R. Rosenau	11/17/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Daniel Hazant, (certify): I reside at 7402 Wall St Rothschild  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
(Month) (Day) (Year)

Dan Hazant  
(Signature of Circulator)

Page No. (Official Use Only)

# 1114

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Larry L. Rosenau	<i>Larry L. Rosenau</i>	Street: 1406 Flan Lane City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town Rib Mt <input type="checkbox"/> Village <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)	Email Phone
2. Carolyn Bauer	<i>Carolyn Bauer</i>	Street: 7016 Woodsmoke Rd City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town Rib Mt <input type="checkbox"/> Village <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)	Email Phone
3. Cynthia Anonson	<i>Cynthia Anonson</i>	Street: 2257 Cty Hwy 60 City: Eland Zip: 54427	<input checked="" type="checkbox"/> Town Eldern <input type="checkbox"/> Village <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)	Email Phone
4. LANI TIERNEY	<i>Lani Tierney</i>	Street: 1921 Second Lake Drive City: Junction City Zip: 54943	<input checked="" type="checkbox"/> Town CARSON <input type="checkbox"/> Village <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)	Email Phone
5. Lisa M. Aley	<i>Lisa M. Aley</i>	Street: 712 4th St City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	11/17/2011 (Month) (Day) (Year)	Email Phone
6. Karen Brinkman	<i>Karen Brinkman</i>	Street: 720 Apple Ln. City: Hatley, Wis. Zip: 54440	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hatley	11/17/2011 (Month) (Day) (Year)	Email Phone
7. KEN BRINKMAN	<i>Ken Brinkman</i>	Street: 720 APPLE LN City: HATLEY Zip: 54440	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hatley	11/17/2011 (Month) (Day) (Year)	Email Phone
8. LAURETTA MURDOCH	<i>Lauretta Murdoch</i>	Street: 1508 MERRILL AVE / 403 City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/17/2011 (Month) (Day) (Year)	Email Phone
9. Judy Woldt	<i>Judy Woldt</i>	Street: 4703 Mesker City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/17/2011 (Month) (Day) (Year)	Email Phone
10. Shelby Niskanen	<i>Shelby Niskanen</i>	Street: 305 N 8th Ave City: Wausau, WI Zip: 54401	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Daniel Hazen, (certify): I reside at 2402 Wall St Rotaschild  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 18 / 2011  
(Month) (Day) (Year)

*Daniel Hazen*  
(Signature of Circulator)

Page No. (Official Use Only)

# 115

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email
1. Heidi Pietz	<i>Heidi Pietz</i>	Street: P1852 Cty. Rd. D City: Birnamwood Zip: 54414	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Plover	11 / 12 / 2011 (Month) (Day) (Year)	Phone
2. Melody Klink	<i>Melody Klink</i>	Street: 211 Rainbow Lane City: Wausau, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11 / 17 / 2011 (Month) (Day) (Year)	Phone
3. Shannon Cole	<i>Shannon Cole</i>	Street: 304 N. 9th St. City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11 / 17 / 2011 (Month) (Day) (Year)	Phone
4. Nichole Firkus	<i>Nichole Firkus</i>	Street: 2106 Volkman Street City: Schofield WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Schofield	11 / 17 / 2011 (Month) (Day) (Year)	Phone
5. Dana Desmond	<i>Dana Desmond</i>	Street: 1201 S. 50th Ave Apt 10 City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11 / 17 / 2011 (Month) (Day) (Year)	Phone
6. Barb Stiefenberger	<i>Barb Stiefenberger</i>	Street: 305 School St City: Spencer Zip: Wis.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Spencer	11 / 17 / 2011 (Month) (Day) (Year)	Phone
7. Karla Brehm	<i>Karla Brehm</i>	Street: 306 Douglas City: Spencer Zip: 54479	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Spencer	11 / 17 / 2011 (Month) (Day) (Year)	Phone
8. Nancy L. Bornheimer	<i>Nancy L. Bornheimer</i>	Street: 922 N. 5th Ave. City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11 / 17 / 2011 (Month) (Day) (Year)	Phone
9. MARY ELLEN STEBER	<i>Mary Ellen Steber</i>	Street: 1520 4 MILE RD City: MARATHON WI Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MARATHON	11 / 17 / 2011 (Month) (Day) (Year)	Phone
10. Denise Sullivan	<i>Denise Sullivan</i>	Street: 1001 Spur Lane City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11 / 17 / 2011 (Month) (Day) (Year)	Phone

## Certification of Circulator

I, Daniel Hagen, (certify): I reside at 7402 Wall St Rothschild  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
(Month) (Day) (Year)

Dan Hagen  
(Signature of Circulator)


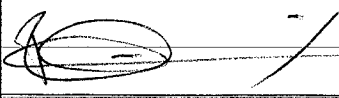
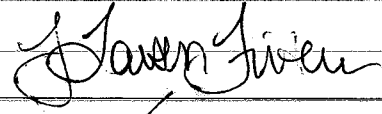
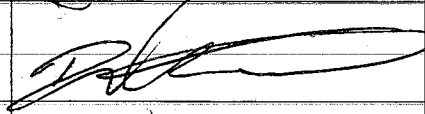
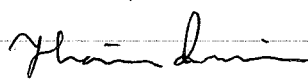

Page No. (Official Use Only)

# 1116

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.


PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Kevin Christens		Street: 2161 Glendalen Rd City: Kronenwetter Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/17/2011 (Month) (Day) (Year)	Email Phone
2. Rachael Christens		Street: 2161 Glendalen Rd City: Kronenwetter Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/17/2011 (Month) (Day) (Year)	Email Phone
3. Jennifer Larsen-Fritcher		Street: 621 Brooks Place City: Wausau Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone
4. Ruston Fritcher		Street: 621 Brooks Place City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone
5. THOM IRWIN		Street: 1205 N. 3RD AVE, APT 2 City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/17/2011 (Month) (Day) (Year)	Email Phone
6. Frances Irwin		Street: 1205 N 3RD AVE APT 2 City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/17/2011 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Frances Irwin, (certify): I reside at 1205 N 3RD AVE APT 2 WAUSAU  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011  
(Month) (Day) (Year)

  
(Signature of Circulator)

Page No. (Official Use Only)

# 1117

## PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Kerri A. Radtke	<i>Kerri A. Radtke</i>	Street: 244 Wyatt St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>
2. Kathy Muenken	<i>Kathy Muenken</i>	Street: 806 Ross City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>
3. Roger Salzman	<i>Roger Salzman</i>	Street: 3702 James Ave City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>
4. Dolores Zuchner	<i>Dolores Zuchner</i>	Street: 1009 Young St. City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>
5. Roba Shly	<i>Roba Shly</i>	Street: 3420 Hwy 2 City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>
6. Diane Yurek	<i>Diane Yurek</i>	Street: 610 Hamilton City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>
7. Heather Stoffel	<i>Heather Stoffel</i>	Street: 1864 1st Ave City: Marathon Zip: 54445	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Falls	11/18/2011 <small>(Month) (Day) (Year)</small>
8. Dederich Virginia	<i>Virginia Dederich</i>	Street: 1104 Elving St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, Randy Radtke (Name of Circulator), (certify): I reside at 244 Wyatt St. City of Wausau (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011 (Month) (Day) (Year) Randy Radtke (Signature of Circulator)

Page No. (Official Use Only)  
# 1118

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Gerald F. Hornick	<i>Gerald F. Hornick</i>	Street: <u>11101 Highland Rd</u> City: <u>Ringle WI</u> Zip: <u>54471</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Easton</u>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
2. Cheryl Martino	<i>Cheryl Martino</i>	Street: <u>605 Katherine Street</u> City: <u>Rothschild</u> Zip: <u>54474</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
3. <u>SR</u> Stephanie Wetts	<i>S.R. Wetts</i>	Street: <u>1750 Balsam Dr SR</u> City: <u>St Germain</u> Zip: <u>54558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St Germain</u>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
4. Mary M. Ostertag	<i>Mary M. Ostertag</i>	Street: <u>502 McIndoe, Unit E</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
5. Dagmar Jeffries	<i>Dagmar Jeffries</i>	Street: <u>1427 N. 1st Ave</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
6. Shelley Pendelton	<i>Shelley Pendelton</i>	Street: <u>808 S. 11th Ave</u> City: <u>Wausau WI</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
7. SCOTT GANTNER	<i>Scott Gantner</i>	Street: <u>910 S. 21st AVE</u> City: <u>WAUSAU</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
8. Jon GLENETSKI	<i>Jon Glenetski</i>	Street: <u>317 S 12th Ave</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
9. Terry VanOrder	<i>Terry VanOrder</i>	Street: <u>611 Chellis St.</u> City: <u>Wausau WI</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
10. GERARD WINDORSH	<i>Gerard Windsorli</i>	Street: <u>1503 S 3RD AVE</u> City: <u>WAUSAU</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, Stephen Rhyner, (certify): I reside at 801 N 13th Street Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 18 2011  
(Month) (Day) (Year)

Stephen Rhyner  
(Signature of Circulator)

Page No. (Official Use Only)

# 1119

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT: THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Beverly Hassel	<i>Beverly Hassel</i>	Street: 3125 Naugatuck Lane City: Oneida Zip: 54452	<input checked="" type="checkbox"/> Town <i>Oneida</i> <input type="checkbox"/> Village <input type="checkbox"/> City	11/18/2011 (Month) (Day) (Year)	Email Phone
2. Henry Luxem	<i>Henry Luxem</i>	Street: 2159 River Forest Ln City: Kronenwetter Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Kronenwetter</i>	11/18/2011 (Month) (Day) (Year)	Email Phone
3. Gary Williams	<i>Gary Williams</i>	Street: 549 Van B St. City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Mosinee</i>	11/18/2011 (Month) (Day) (Year)	Email Phone
4. John L. OSTERTAG	<i>John L. Ostertag</i>	Street: 502 McIndoe St., Unit E City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Wausau</i>	11/18/2011 (Month) (Day) (Year)	Email Phone
5. Jamie Pendelton	<i>J. Pendelton</i>	Street: 808 S 11th Ave City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>WAUSAU</i>	11/18/2011 (Month) (Day) (Year)	Email Phone
6. Shirley Graeven	<i>Shirley Graeven</i>	Street: 168 Lois Lane City: Mosinee Wis Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mosinee</i>	11/18/2011 (Month) (Day) (Year)	Email Phone
7. GERALD GRAEVEN	<i>Gerald Graeven</i>	Street: 164 Lois Lane City: Mosinee Wis Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mosinee</i>	11/18/2011 (Month) (Day) (Year)	Email Phone
8. DALE BUFTON	<i>Dale Bufton</i>	Street: 1409 E Cherry City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>WAUSAU</i>	11/18/2011 (Month) (Day) (Year)	Email Phone
9. PAMELA FRARY	<i>Pamela Frary</i>	Street: 1509 Fulton St City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>WAUSAU</i>	11/18/2011 (Month) (Day) (Year)	Email Phone
10. SR	<i>SR</i>	Street: W6361 Wood AVE City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Stephen Rhynes, (certify): I reside at 801 N 13th Street Wausau  
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 18, 2011 Stephen Rhynes  
 (Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

# 1120

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Robert Wilcox	<i>Robert Wilcox</i>	Street: 3405 FALCON WAY City: WAUSAU Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RIB MT	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Gale Tierney	<i>Gale Tierney</i>	Street: 922 S 6th Ave City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. MARION GEIER	<i>Marion Geier</i>	Street: 3904 SHERMAN RD. City: WAUSAU Zip: 54401	<input checked="" type="checkbox"/> Town STETTIN <input type="checkbox"/> Village <input type="checkbox"/> City	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Paulette Imhoff	<i>Paulette Imhoff</i>	Street: 2206 Conestoga Lane City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KRONENWETTER	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Dale Imhoff	<i>Dale J. Imhoff</i>	Street: 2206 Conestoga Lane City: KRONENWETTER Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KRONENWETTER	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Sandra Aabye	<i>Sandra Aabye</i>	Street: 305 S. 11th AVE City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Gregory A. Venne	<i>Gregory A. Venne</i>	Street: 6615B WAUSAU 202 N. 12th Ave City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Shannon Charbonneau	<i>Shannon Charbonneau</i>	Street: 914 S. 5th Ave City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, Stephen Rhyner, (certify): I reside at 801 N 13th Street WAUSAU  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/18/2011  
(Month) (Day) (Year)

Stephen Rhyner  
(Signature of Circulator)

Page No. (Official Use Only)  
 # 1121

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Glenn Gohdes	<i>Glenn Gohdes</i>	Street: 714378 CTY Rd J City: Wausau WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	11/18/2011 (Month) (Day) (Year)		
2. Wendy Gohdes	<i>Wendy Gohdes</i>	Street: 714378 County Rd J City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	11/18/2011 (Month) (Day) (Year)		
3. Jason Smogolosh	<i>Jason Smogolosh</i>	Street: 221 E. BOS CREEK DR City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)		
4. Jean Denuccio	<i>Jean Denuccio</i>	Street: 421 Franklin St. City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)		
5. Karla M. Sommer	<i>Karla M. Sommer</i>	Street: 4008 Crestwood Dr. yms City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)		
6. Judy Beckman	<i>Judy Beckman</i>	Street: 1727 W Forten St City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)		
7. RICHARD MINNIHAN	<i>Richard Minnikhan</i>	Street: 3022 N. 12. St City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)		
8. Christine M. Seidler	<i>Christine M. Seidler</i>	Street: 4001 Swan Ave. City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RIA MT	11/18/2011 (Month) (Day) (Year)		
9. Donna Musak	<i>Donna Musak</i>	Street: 1005 N 25th St City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)		
10. Mary Berger	<i>Mary Berger</i>	Street: 917 Maple Hill Rd City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)		

## Certification of Circulator

I, Jeanette White (Name of Circulator), (certify): I reside at 1906 N. 10th Ave. Apt. 7 (Circulator's Residence - Street name and Number) City of Wausau (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/18/2011  
(Month) (Day) (Year)

*Jeanette White*  
(Signature of Circulator)

Page No. (Official Use Only)

# 1122

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Kate Brunler	<i>Kate Brunler</i>	Street: 4001 Parnidge Ln City: Marathon Zip: 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>
2. Gail Konkol	<i>Gail Konkol</i>	Street: 1747 Kowalski Road City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/18/2011 <small>(Month) (Day) (Year)</small>
3. Melvin Konkol	<i>Melvin Konkol</i>	Street: 1747 Kowalski Rd City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/18/2011 <small>(Month) (Day) (Year)</small>
4. Steven Heinrich	<i>Steven Heinrich</i>	Street: 28th Bittersweet Ct City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mosinee	11/18/2011 <small>(Month) (Day) (Year)</small>
5. Karen Thompson	<i>Karen Thompson</i>	Street: 1024 So. 4th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>
6. Marion Sells	<i>Marion Sells</i>	Street: 1721 Tiering Rd. City: Wausau, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>
7. Jason Greenwood	<i>Jason Greenwood</i>	Street: 405 Frances St City: Rothschild, WI Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	11/18/2011 <small>(Month) (Day) (Year)</small>
8. Brenda Holdorf	<i>Brenda Holdorf</i>	Street: 205 Callon St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>
9. Michelle DuPuis	<i>Michelle DuPuis</i>	Street: 2004 Jackson St City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	11/18/2011 <small>(Month) (Day) (Year)</small>
10. Carrie Heike	<i>Carrie Heike</i>	Street: 2303 Ryanwood Ave City: Schofield Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	11/18/2011 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, Jeanette White, (certify): I reside at 1906 N. 10th Ave. Apt. 7 City of Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 18    120 / 11  
(Month) (Day) (Year)

*Jeanette White*  
(Signature of Circulator)

Page No. (Official Use Only)  
 # 1123

Circul

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Barbara Mullen	Barbara mullen	Street: 1014 Gilbert St. City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Samuel Glenzer (Name of Circulator), (certify): I reside at 123 Walker Whiting (Circulator's Residence - Street name and Number) Whiting (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/18/2011 (Month) (Day) (Year)

[Signature] (Signature of Circulator)

Page No. (Official Use Only)

# 1124

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Michael Klosinski	<i>Michael Klosinski</i>	Street: 120 Rainbow Ln City: Wausan WI Zip: 54401	<input checked="" type="checkbox"/> Town Rib Mountain <input type="checkbox"/> Village <input type="checkbox"/> City	11/18/2011 (Month) (Day) (Year)		
2. JANET KLOSINSKI	<i>Janet M. Klosinski</i>	Street: 120 RAINBOW LN City: WAUSAN WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village RIB MOUNTAIN <input type="checkbox"/> City	11/18/2011 (Month) (Day) (Year)		
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		

## Certification of Circulator

I, Taylor Maas, (certify): I reside at 307 Summit Dr Apt 1 Wausan city  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1125

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. THOMAS J MEYER	<i>Thomas J Meyer</i>	Street: 1127 PINE ST City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
2. MARCELLA BERNDT	<i>Marcella Berndt</i>	Street: 1240 Harrison Ave City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
3. Bonnie Elford	<i>Bonnie Elford</i>	Street: 302 Bopf St City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
4. Sid Elford	<i>Sid Elford</i>	Street: 302 BOPF ST City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
5. Mary C. Nilsen	<i>Mary C Nilsen</i>	Street: 1713 PONDOS City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
6. Barbara Langbecker	<i>Barbara Langbecker</i>	Street: 3103 Country Rd U City: WAUSAU Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MAINE	11/18/2011 (Month) (Day) (Year)	Email Phone
7. MARY PETERS	<i>Mary Peters</i>	Street: 5300 N. 60TH AVE 54401 City: WAUSAU Zip:	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MAINE	11/18/2011 (Month) (Day) (Year)	Email Phone
8. Irene Peters	<i>Irene Peters</i>	Street: 5300 N. 60th Ave City: WAUSAU Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MAINE	11/18/2011 (Month) (Day) (Year)	Email Phone
9. Jeffery Schlatter	<i>Jeffery Schlatter</i>	Street: T-1237 East Troy City: WAUSAU Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TEXAS	11/18/2011 (Month) (Day) (Year)	Email Phone
10. Irene A. Blaskowski	<i>Irene A. Blaskowski</i>	Street: 725 N. 2nd. Ave. City: WAUSAU, WI, Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Jeanette White, (certify): I reside at 1906 N. 10th Ave. Apt. 7 City of WAUSAU  
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 18 2011  
 (Month) (Day) (Year)

Jeanette White  
 (Signature of Circulator)

Page No. (Official Use Only)

# 1126

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. EVERETT P. HALL	<i>Everett P. Hall</i>	Street: 725 N. 2ND Ave City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Judy Gourley	<i>Judy Gourley</i>	Street: 125 Royalston Ct City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Robert VanOrder	<i>Robert VanOrder</i>	Street: 611 Chellis St. City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Jennifer Barger	<i>Jennifer Barger</i>	Street: 715 Fleet St City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Carol Corazalla	<i>Carol Corazalla</i>	Street: 922 S. 22ND PLACE City: WAUSAU, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. MORRIS KARKI	<i>Morris Karki</i>	Street: 1729 BUREK AVE City: WAUSAU, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. CAROL J. RUETHER	<i>Carol J. Ruether</i>	Street: 919 STONEBRIDGE RD. City: MOSINEE, WI Zip: 54455	<input checked="" type="checkbox"/> Town Kronenwetter <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <del>WAUSAU</del> JW	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Marian Stadler	<i>Marian Stadler</i>	Street: 2109 Bluedel AVE City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Bob Kluender	<i>Bob Kluender</i>	Street: 2109 Bluedel AVE City: Schofield Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. David Drewek	<i>David Drewek</i>	Street: 4061 PARTIDGE LN City: MARATHON Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CASSEL	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, Jeannette White, (certify): I reside at 1906 N. 10th Ave Apt. 7 City of WAUSAU  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
(Month) (Day) (Year)

Jeannette White  
(Signature of Circulator)

Page No. (Official Use Only)

# 1127

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. HAROLD H. FERG	Harold H. Ferg	Street: 918 Broadway Ave City: WAUSAU Zip: 54483	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/17/2011 (Month) (Day) (Year)	Email Phone
2. Sarah Meverden	Sarah Meverden	Street: 143 Edwards St. Apt A City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/17/2011 (Month) (Day) (Year)	Email Phone
3. Debra M. Seefeldt	Debra M. Seefeldt	Street: 5905 Coronado Dr. City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/17/2011 (Month) (Day) (Year)	Email Phone
4. Mark H. Lebrant	Mark H. Lebrant	Street: 2070 Walker Rd. City: Kronenwetter WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/17/2011 (Month) (Day) (Year)	Email Phone
5. Karla Wippertfurth	Karla Wippertfurth	Street: 9263 N. 88th Ave City: WAUSAU WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stettin	11/17/2011 (Month) (Day) (Year)	Email Phone
6. Amy Engle	Amy Engle	Street: 213 N. 5th Ave City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/17/2011 (Month) (Day) (Year)	Email Phone
7. Brenda Leonoff	Brenda Ann Leonoff	Street: 514 51st Ave City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/17/2011 (Month) (Day) (Year)	Email Phone
8. SALVADOR (Sam) Corazalla	Salvador Corazalla	Street: 922 South 22nd Place City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
9. Matt Brkovich	Matt Brkovich	Street: 1502 W. Union Ave City: WAUSAU, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
10. Kristin Thompson	Kristin Thompson	Street: 3718 Woodland Ridge City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Jeanette White, (certify): I reside at 1906 N. 10th Ave Apt. 7 City of Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 18 2011  
(Month) (Day) (Year)

Jeanette White  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1128

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. David S. Hackbart	<i>David J. Hackbart</i>	Street: 1607 Woodward Ave City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. William A. Kohn III	<i>William A. Kohn III</i>	Street: 3044 James St. City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. William M. Kohn IV	<i>William M. Kohn IV</i>	Street: 2044 James St. City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Christina Winnie	<i>Christina Winnie</i>	Street: 2177 Orange Ct City: Kronenwetter Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Ken Stobbe	<i>Ken Stobbe</i>	Street: 2050 Creek Rd City: Mosinee, WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, Margaret Werhane, (certify): I reside at 7008 River Trail Dr Weston  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011 Margaret Werhane  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
# 1129

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Bette J. Stephens	<i>Bette J. Stephens</i>	Street: 1822 Carol Drive City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/15/2011 (Month) (Day) (Year)	Email Phone
2. CHERYL ZOPEL	<i>Cheryl Zopel</i>	Street: 410 S. 8th Ave. City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)	Email Phone
3. Marilyn Greiner	<i>Marilyn Greiner</i>	Street: 411 Frances St City: ROTASCHILD Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROTASCHILD	11/17/2011 (Month) (Day) (Year)	Email Phone
4. RANDALL G. REIF	<i>R. G. Reif</i>	Street: 411 FRANCES ST City: ROTHSCHILD Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROTHSCHILD	11/17/2011 (Month) (Day) (Year)	Email Phone
5. Kathy Schneider	<i>Kathy Schneider</i>	Street: 3803 Woodland Ridge City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone
6. Mark Schneider	<i>Mark Schneider</i>	Street: 3803 Woodland Ridge Rd City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone
7. Lee Williams	<i>Lee Williams</i>	Street: 1623 Cherry St. City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/17/2011 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Bette J. Stephens, (certify): I reside at 1822 Carol Drive Wausau  
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
 (Month) (Day) (Year)

*Bette J. Stephens*  
 (Signature of Circulator)

Page No. (Official Use Only)  
 # 1130

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Ranula Schwede	<i>Ranula Schwede</i>	Street: T13923 N. 57th City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	11/18/2011 (Month) (Day) (Year)	Email Phone
2. Susan C. Luoma	<i>Susan C. Luoma</i>	Street: 5707 Babl Lane City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/18/2011 (Month) (Day) (Year)	Email Phone
3. RONALD UEKERT	<i>Ronald Uekert</i>	Street: 122 PARK Blvd City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
4. Kathrine Lenth	<i>Kathrine Lenth</i>	Street: 1220 Towhline Rd Apt 7 City: Wausau Zip: 54403 WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
5. DENNIS KRIEG	<i>Dennis Krieg</i>	Street: 1214 HENRIETTA ST City: WAUSAU Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
6. Gail E Krieg	<i>Gail E Krieg</i>	Street: 1214 Henrietta St City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
7. David Rowe	<i>David Rowe</i>	Street: 1510 N 3rd St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
8. Stephanie Prihoda	<i>Stephanie Prihoda</i>	Street: T790 Split Rock Ln City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	11/18/2011 (Month) (Day) (Year)	Email Phone
9. Dawn Lonsdorf	<i>Dawn Lonsdorf</i>	Street: 309 Charles St City: Schofield Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	11/18/2011 (Month) (Day) (Year)	Email Phone
10. Jason Reimer	<i>Jason Reimer</i>	Street: 309 Charles St City: Schofield Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	11/18/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, David Berge, (certify): I reside at 3027 N. 7th St Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
(Month) (Day) (Year)

David Berge  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1131

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Travis Knoblock	<i>Travis Knoblock</i>	Street: E15949 East Tower Rd City: Ringle WI Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Easton	11/18/2011 (Month) (Day) (Year)	Email Phone
2. Nicole Knoblock	<i>Nicole Knoblock</i>	Street: E15949 E. Tower Rd City: Ringle, WI Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Easton	11/18/2011 (Month) (Day) (Year)	Email Phone
3. Patricia Eckhardt	<i>Patricia Eckhardt</i>	Street: 11085-9th Ave City: Merrill, W. Zip: 54453	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MAINE	11/18/2011 (Month) (Day) (Year)	Email Phone
4. PAUL KATZKE	<i>Paul Katzke</i>	Street: 213 WEST CAMPUS City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
5. JEFF KANASEK	<i>Jeff Kanasek</i>	Street: 1027 GARDNER PARK RD City: MOSINEE WI. Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOSINEE	11/18/2011 (Month) (Day) (Year)	Email Phone
6. Deborah Blaskowski	<i>Deborah Blaskowski</i>	Street: R20670 Bambi Dr City: Ringle Zip: 54471	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Ringle	11/18/2011 (Month) (Day) (Year)	Email Phone
7. VICTOR BLASKOWSK	<i>Victor Blaskowski</i>	Street: R20670 BAMB. DR City: Ringle Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ringle	11/18/2011 (Month) (Day) (Year)	Email Phone
8. Kim Reed	<i>Kim Reed</i>	Street: 1511 STARIC City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/19/2011 (Month) (Day) (Year)	Email Phone
9. Theresia Moeller	<i>Theresia Moeller</i>	Street: 214 W 5th Ave City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
10. Patricia Terevich	<i>Patricia Terevich</i>	Street: 1244 N 8th Ave City: WAUSAU, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, PT David Berge, (certify): I reside at 3027 N. 7th St. WAUSAU  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/18/2011  
(Month) (Day) (Year)

*David Berge*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1132

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

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1. Diane Schnell	<i>Diane Schnell</i>	Street: 9105 Margaret St. City: Rothschild WI Zip: 54474	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	11/18/2011 (Month) (Day) (Year)	Email Phone
2. Amber Douvanapoupha	<i>Amber Douvanapoupha</i>	Street: 1913 Milwaukee Ave City: Wausau Zip: 54403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
3. David Branson	<i>David Branson</i>	Street: 5504 Sunset St City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/18/2011 (Month) (Day) (Year)	Email Phone
4. Jaynee Hoerter	<i>Jaynee Hoerter</i>	Street: 3406 Bob-O-Link City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib MT	11/18/2011 (Month) (Day) (Year)	Email Phone
5. Katze Maki	<i>Katze Maki</i>	Street: 5816 Normandy St City: Schofield Zip: 54476	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Schofield	11/18/2011 (Month) (Day) (Year)	Email Phone
6. John Maki	<i>John Maki</i>	Street: 5816 Normandy St City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/18/2011 (Month) (Day) (Year)	Email Phone
7. ROGER ZIMMERMANN	<i>Roger Zimmermann</i>	Street: 1726 Esker Rd City: Hatley, WI Zip: 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City REID	11/18/2011 (Month) (Day) (Year)	Email Phone
8. Dorothea Zimmermann	<i>Dorothea Zimmermann</i>	Street: 1726 Esker Rd City: Hatley, WI Zip: 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Reid	11/18/2011 (Month) (Day) (Year)	Email Phone
9. GERALD LAYTON	<i>Gerald Layton</i>	Street: 1025 St. Austin Ave City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
10. Linda Layton	<i>Linda Layton</i>	Street: 1025 St Austin Ave City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, David Berge, (certify): I reside at 3027 N. 7th St Wausau  
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signs are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
 (Month) (Day) (Year)

*David Berge*  
 (Signature of Circulator)

Page No. (Official Use Only)

# 1133

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Mollyann Burda	<i>Mollyann Burda</i>	Street: 504 Bernard Street City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
2. Jody Seubert	<i>Jody Seubert</i>	Street: 3210 3rd St. City: Marathon Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cassel	11/18/2011 (Month) (Day) (Year)	Email Phone
3. Traci Robbins	<i>Traci Robbins</i>	Street: 1005 Chestnut City: Marathon WI Zip: 54448	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Marathon	11/18/2011 (Month) (Day) (Year)	Email Phone
4. THERESA JANSEN	<i>Theresa Jansen</i>	Street: 626 COUNTY RD U City: EDGAR, WI Zip: 54426	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BIB FALLS	11/18/2011 (Month) (Day) (Year)	Email Phone
5. Kendra VanSlyke	<i>Kendra VanSlyke</i>	Street: 1830 Deerwood Trail City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/18/2011 (Month) (Day) (Year)	Email Phone
6. MaryAnn VanSlyke	<i>MaryAnn VanSlyke</i>	Street: 2156 Kowalski Rd City: Mosinee, WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/18/2011 (Month) (Day) (Year)	Email Phone
7. David H Johnson	<i>David H Johnson</i>	Street: 4782 Cty Rd K City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Maine	11/18/2011 (Month) (Day) (Year)	Email Phone
8. Gertrude M. Johnson	<i>Gertrude M. Johnson</i>	Street: 4702 Cty Rd. K City: Wausau, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Maile	11/18/2011 (Month) (Day) (Year)	Email Phone
9. Sarah Davies	<i>Sarah Davies</i>	Street: 903 Manson St #12 City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
10. Kelly Kaufman	<i>Kelly Kaufman</i>	Street: 708 Callen St. City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, David Berge, (certify): I reside at 3027 N. 7th St. Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
(Month) (Day) (Year)

*David Berge*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1134

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Stephanie Thao	<i>[Signature]</i>	Street: 925 Scott City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
2. Robin McCorkle	<i>[Signature]</i>	Street: 1411 Enter St City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
3. Donna Janz	<i>[Signature]</i>	Street: 3215 Mallard Ct. City: Schofield Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	11/18/2011 (Month) (Day) (Year)	Email Phone
4. Amy Arndt	<i>[Signature]</i>	Street: 3215 Mallard Ct City: Schofield Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	11/18/2011 (Month) (Day) (Year)	Email Phone
5. Jeannine Brukarski	<i>[Signature]</i>	Street: 714 McDevian St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
6. <del>Donna Janz</del>	<del><i>[Signature]</i></del>	<del>Street:  City: Zip:</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del>1/20 (Month) (Day) (Year)</del>	<del>Email Phone</del>
7. Tim Mesalik	<i>[Signature]</i>	Street: 1005 N. 25th St. City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town Wausau <input type="checkbox"/> Village <input type="checkbox"/> City	11/18/2011 (Month) (Day) (Year)	Email Phone
8. Katherine Happel	<i>[Signature]</i>	Street: 156 Kent St City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
9. William Happel	<i>[Signature]</i>	Street: 156 Kent St. City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
10. Florence Marvin	<i>[Signature]</i>	Street: 1428 N 13th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, David Berge, (certify): I reside at 3027 N. 7th St Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. (Official Use Only)

# 1135

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Bryant M. Calmes		Street: 401 Lazy Tree Rd City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email: C Phone: 715
2. Diane Klinger		Street: 1305 Roberts Rd. City: Mosinee WI Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mosinee	11/18/2011 (Month) (Day) (Year)	Email: K Phone: 715
3. RONALD E MIJAL		Street: 5532 HWY 153 City: HATLEY WI Zip: 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City REID	11/18/2011 (Month) (Day) (Year)	Email: R Phone: 715
4. Thomas E Malato		Street: 5203 Sherman #16 City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email: T Phone: 715
5. Marsha Stella		Street: 409 Lisbeth Rd. City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email: M Phone: 715
6. Eileen Mayfield		Street: 487 Richard Court City: Mosinee WI Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Knowlton	11/18/2011 (Month) (Day) (Year)	Email: E Phone: 715
7. Jeffrey Nenshel		Street: 1013 West 4th St City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	11/18/2011 (Month) (Day) (Year)	Email: J Phone: 715
8. Kelly Nenshel		Street: 1013 W. 4th St City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	11/18/2011 (Month) (Day) (Year)	Email: K Phone: 715
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email: Phone:
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email: Phone:

## Certification of Circulator

I, Sam Glenzer, (certify): I reside at 123 Walker St, Whiting  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/18/2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
# 1136

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Lawrence Newman	<i>Lawrence Newman</i>	Street: 1101 Gosh Drive City: Mosinee Zip: 54455 WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Knowlton	11/18/2011 (Month) (Day) (Year)	Email Phone
2. Bruce Galarowicz	<i>Bruce Galarowicz</i>	Street: 3605 N. 20th Ave City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City maine	11/18/2011 (Month) (Day) (Year)	Email Phone
3. Jane Galarowicz	<i>Jane Galarowicz</i>	Street: 3605 N. 20th Ave. City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Maine	11/18/2011 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Samuel Gienius (Name of Circulator) (certify): I reside at 123 Walkers Ct (Circulator's Residence - Street name and Number) Whiting (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 18 2011  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. (Official Use Only)

# 1137

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Marie L. Martens	<i>Marie L. Martens</i>	Street: 8405 E. Jefferson St. City: Wausau, WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>	Email: <i>mo</i> Phone:
2. Heath Martens	<i>Heath Martens</i>	Street: 8405 E. Jefferson St. City: Wausau WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/18/2011 <small>(Month) (Day) (Year)</small>	Email: <i>M</i> Phone:
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:

## Certification of Circulator

I, Sue M. McCarthy, (certify): I reside at 451 Super St. Mosinee WI Mosinee  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 18 2011 Sue M. McCarthy  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

# 1138

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email
1. EDWARD M CODY	<i>Edward M Cody</i>	Street: 4108 SUNNY HILL LANE City: WAUSAU WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STETTIN	11/16/2011 (Month) (Day) (Year)	Phone
2. Lynnette J. Gardner	<i>Lynnette J. Gardner</i>	Street: 4108 SUNNYHILL LANE City: WAUSAU, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STETTIN	11/16/2011 (Month) (Day) (Year)	Phone
3. Linda K. Fellbaum	<i>Linda K. Fellbaum</i>	Street: 602 Brown St. City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/16/2011 (Month) (Day) (Year)	Phone
4. Aaron Frederick	<i>Aaron Frederick</i>	Street: 11369 Meadow Ln City: Merrill, WI Zip: 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Scott	11/16/2011 (Month) (Day) (Year)	Phone
5. Julie Doucette	<i>Julie A Doucette</i>	Street: 904 Dahlia Lane City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11/16/2011 (Month) (Day) (Year)	Phone
6. MARK RICHMOND	<i>Mark Richmond</i>	Street: 1404 HOLLBUSH LN. City: WAUSAU Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RIB MT.	11/16/2011 (Month) (Day) (Year)	Phone
7. Josh Fehrenbach	<i>Josh Fehrenbach</i>	Street: 705 8th St. City: Marathon Zip: 54448	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Marathon	11/16/2011 (Month) (Day) (Year)	Phone
8. Sandy Seliger	<i>Sandy Seliger</i>	Street: 10413 Lincoln Drive City: Athens Zip: 54411	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hamburg	11/16/2011 (Month) (Day) (Year)	Phone
9. Kevin Bentz	<i>Kevin Bentz</i>	Street: W 4749 Lincoln Dr City: Merrill Zip: 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	11/16/2011 (Month) (Day) (Year)	Phone
10. REUBEN SCHAPER	<i>Reuben Schaper</i>	Street: T5355 LITTLE TRAPPE RD. City: WAUSAU Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TEXAS	11/16/2011 (Month) (Day) (Year)	Phone

## Certification of Circulator

I, Walter Todd Puffer, (certify): I reside at 4104 Sunny Hill Stettin  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011  
(Month) (Day) (Year)

Walter Todd Puffer  
(Signature of Circulator)

Page No. (Official Use Only)

# 1139

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Walter Todd Punke	<i>Walter Todd Punke</i>	Street: 4104 Sunny Hill Lane City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Steffen	11/15/2011 (Month) (Day) (Year)	Email Phone
2. JAMES M. LEE	<i>James M. Lee</i>	Street: 514 Ross Ave City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Lynn M. Guth	<i>Lynn M. Guth</i>	Street: 2103 Lily Ln City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Jodi A. Punke	<i>Jodi A. Punke</i>	Street: 4104 Sunny Hill Lane City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Steffen	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Beth D. Lind	<i>Beth D. Lind</i>	Street: 7100 Buckthorn Ct. City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mnt.	11/16/2011 (Month) (Day) (Year)	Email Phone
6. Richard D. Lind	<i>Richard D. Lind</i>	Street: 7100 Buckthorn Ct City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11/16/2011 (Month) (Day) (Year)	Email Phone
7. JOHN T. ROSETH	<i>John T. Roseth</i>	Street: 5100 BLAZING STAR ST City: WAUSAU Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	11/18/2011 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Walter Todd Punke, (certify): I reside at 4104 Sunny Hill Steffen  
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011 Walter Todd Punke  
 (Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

# 1140

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Eugene Gustafson	<i>Eugene Gustafson</i>	Street: 2154 Greenbush Rd City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village KRONENWETTER <input type="checkbox"/> City	11/17/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Darla Pesavento	<i>Darla Pesavento</i>	Street: 407 Edgar Ave City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village ROTHSCHELD <input type="checkbox"/> City	11/17/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Melvin Heil	<i>Melvin Heil</i>	Street: 7410 Whitestone Rd #11 City: Schofield WI Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village ROTHSCHELD <input type="checkbox"/> City	11/17/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. MICHAEL S. JENSEN	<i>Michael J. Jensen</i>	Street: N3938 PINE RD City: BIRNWOOD Zip: 54414	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village NORRIE <input type="checkbox"/> City	11/17/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. RICHARD R. PESAVENTO	<i>Richard R. Pesavento</i>	Street: 407 EDGAR AVE City: ROTHSCHELD Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village ROTHSCHELD <input type="checkbox"/> City	11/17/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Victoria L. Thompson	<i>Victoria L. Thompson</i>	Street: 3001 Quail Ave City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Rib Mountain <input type="checkbox"/> City	11/17/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, Margaret Werhane, (certify): I reside at 7008 River Trail Dr Weston  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011 Margaret Werhane  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

# 1141

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Print: <u>DIANE S. WINKLER</u>  Sign: <u>Diane S. Winkler</u>	Street: <u>W1885 McDonald Rd.</u>  City: <u>Bruce</u> Zip: <u>5489</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BIG BEND</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>
2. Print: <u>Leslie M. Schenk</u>  Sign: <u>Leslie M. Schenk</u>	Street: <u>120 E 5th Street N</u>  City: <u>Ladysmith</u> Zip: <u>54848</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Ladysmith</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>
3. Print: <u>Amber Paulson</u>  Sign: <u>Amber Paulson</u>	Street: <u>707 E River Ave</u>  City: <u>Ladysmith, WI</u> Zip: <u>54848</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Ladysmith</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>
4. Print: <u>Kris Read</u>  Sign: <u>Kris Read</u>	Street: <u>308 E-12th St. S.</u>  City: <u>Ladysmith</u> Zip: <u>54848</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Ladysmith</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>
5. Print: <u>Jim Wheeler</u>  Sign: <u>Jim Wheeler</u>	Street: <u>W5261 Butler St</u>  City: <u>Sheldon WI</u> Zip: <u>54766</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sheldon</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>

I, Nancykraft, (certify): I reside at W5261 Butler St.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Town of Marshall  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 17 2011  
(Month) (Day) (Year)

Nancy P. Kraft  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1142

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Print: <u>Nancy Kraft</u> Sign: <u>Nancy Kraft</u>	Street: <u>W5261 Butler St.</u> City: <u>Sheldon</u> Zip: <u>54766</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Marshall</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)
2. Print: <u>Matt Styczinski</u> Sign: <u>Matt Styczinski</u>	Street: <u>N 1490 CTH '16'</u> City: <u>Conrath</u> Zip: <u>54731</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Marshall</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)
3. Print: <u>Teddy Styczinski</u> Sign: <u>Teddy Styczinski</u>	Street: <u>N 1490 CTH G</u> City: <u>Conrath</u> Zip: <u>54731</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Marshall</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)
4. Print: <u>Candine Loyas</u> Sign: <u>Candine Loyas</u>	Street: <u>N8235 Co Rd F</u> City: <u>Richwood, WI</u> Zip: <u>54817</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wilson</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)
5. Print: <u>Anne M. Olson</u> Sign: <u>Anne M. Olson</u>	Street: <u>W 7842 Shady lane</u> City: <u>Lady Smith</u> Zip: <u>54848</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Lady Smith</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)

I, Nancy Kraft (Printed Name of Circulator), (certify): I reside at W5261 Butler St. (Circulator's Residence - Street Name and Number) Town of Marshall (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011  
(Month) (Day) (Year)

Nancy P. Kraft  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1143

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
1. <u>Joe Willger</u> Print: <u>Joe Willger</u> Sign: <u>[Signature]</u>	Street: <u>W6398 Lake Shore Dr</u> City: <u>Tony WI</u> Zip: <u>54563</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dewey</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)
2. <u>Sharalyn Overhagen</u> Print: <u>Sharalyn Overhagen</u> Sign: <u>[Signature]</u>	Street: <u>N4365 county rd B</u> City: <u>Glen Flora</u> Zip: <u>54526</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lawrence</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)
3. <u>LeRoy Opsal</u> Print: <u>LeRoy Opsal</u> Sign: <u>[Signature]</u>	Street: <u>700 E. River Ave.</u> City: <u>LADYSMITH</u> Zip: <u>54848</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>LADYSMITH</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)
4. <u>Gloria Mcgahay</u> Print: <u>Gloria Mcgahay</u> Sign: <u>[Signature]</u>	Street: <u>N3884 WILKINSON RD</u> City: <u>Tony, WI</u> Zip: <u>54563</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grow</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)
5. <u>Robert G. Carter</u> Print: <u>Robert G. Carter</u> Sign: <u>[Signature]</u>	Street: <u>W5729 State Road 70</u> City: <u>Winter</u> Zip: <u>54896</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Winter</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)

I, Nancy Kraft, (certify): I reside at W5261 Butler St. Town of Marshall  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011  
(Month) (Day) (Year)

Nancy P. Kraft  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1144

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
<b>1.</b> Print: <u>Donald John Pynnönen</u> Sign: <u>Donald John Pynnönen</u>	Street: <u>W5393 County Rd D</u> City: <u>Sheldon</u> Zip: <u>54766</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Marshall</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)
<b>2.</b> Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)
<b>3.</b> Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)
<b>4.</b> Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)
<b>5.</b> Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)

## Certification of Circulator

I, Nancy Kraft, (certify): I reside at W5261 Butler St.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Town of Marshall  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011  
(Month) (Day) (Year)

Nancy P. Kraft  
(Signature of Circulator)

Page No. (Official Use Only)

# 1145

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Print: <u>NANCY L. MARSHALL</u> Sign: <u>Nancy L. Marshall</u>	Street: <u>W11402 Hwy 8</u> City: <u>Hawkins WI</u> Zip: <u>54530</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>KENNAN</u> <small>(Municipality Name)</small>	<u>11/17/2011</u> <small>(Month) (Day) (Year)</small>
2. Print: <u>JOHN R. BOHLMAN II</u> Sign: <u>John Bohlen</u>	Street: <u>302 E 8th St S</u> City: <u>LADYSMITH, WI</u> Zip: <u>54848</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>LADYSMITH</u> <small>(Municipality Name)</small>	<u>11/17/2011</u> <small>(Month) (Day) (Year)</small>
3. Print: <u>Kim R Rogers</u> Sign: <u>Kim R. Rogers</u>	Street: <u>317 W. 4th St. W.</u> City: <u>Ladysmith</u> Zip: <u>54848</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Ladysmith</u> <small>(Municipality Name)</small>	<u>11/17/2011</u> <small>(Month) (Day) (Year)</small>
4. Print: <u>Connie M. Schalinske</u> Sign: <u>Connie M. Schalinske</u>	Street: <u>W8192 Birch Ridge</u> City: <u>Ladysmith, WI</u> Zip: <u>54848</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>flambeau</u> <small>(Municipality Name)</small>	<u>11/17/2011</u> <small>(Month) (Day) (Year)</small>
5. Print: <u>Robert White</u> Sign: <u>Robert White</u>	Street: <u>W8864 Bell Rd</u> City: <u>Ladysmith</u> Zip: <u>54848</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grant</u> <small>(Municipality Name)</small>	<u>11/17/2011</u> <small>(Month) (Day) (Year)</small>

I, ALAN MANSON (certify): I reside at N9554 OLD MURRAY RD TOWN OF MURRAY  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011  
(Month) (Day) (Year)

ALMANSON  
(Signature of Circulator)

Page No. (Official Use Only)  
#1146

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. MARGARET F. WEBB	<i>Margaret F Webb</i>	Street: 3145 11 <sup>th</sup> Ave City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
2. Sandra Buetsch	<i>Sandra Buetsch</i>	Street: 11275 13 <sup>th</sup> Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Christopher Ah San, (certify): I reside at 99 King St Yellow Springs, OH  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011 Christopher Ah San  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

# 1147

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. <u>Taylor Maas</u>		Street: <u>307 Summit Dr Apt 1</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Wausau</u> <input checked="" type="checkbox"/> City	<u>11 / 15 / 2011</u> (Month) (Day) (Year)		
2. <u>Edward Jay Caldwell</u>		Street: <u>76115 N Troy S</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Texas</u> <input type="checkbox"/> City	<u>11 / 15 / 2011</u> (Month) (Day) (Year)		
3. <u>Ginny Barkley</u>		Street: <u>301 120th Ave</u> City: <u>Marathon</u> Zip: <u>54448</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Stettin</u> <input type="checkbox"/> City	<u>11 / 15 / 2011</u> (Month) (Day) (Year)		
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 20</u> (Month) (Day) (Year)		
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 20</u> (Month) (Day) (Year)		
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 20</u> (Month) (Day) (Year)		
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 20</u> (Month) (Day) (Year)		
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 20</u> (Month) (Day) (Year)		
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 20</u> (Month) (Day) (Year)		
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 20</u> (Month) (Day) (Year)		

I, Sam Glenzer (Name of Circulator), certify I reside at 123 Watkins Cr (Circulator's Residence - Street name and Number) Whiting (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
# 1148

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Colleen Burkowski	<i>Colleen Burkowski</i>	Street: 8703 SCENIC DRIVE City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	11/15/20 (Month) (Day) (Year)	Email: BNC Phone:
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone:
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone:
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone:
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone:
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone:
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone:
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone:
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone:
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone:

## Certification of Circulator

I, Samuel Glenzer (Name of Circulator) (certify): I reside at 123 Walkinsh (Circulator's Residence - Street name and Number) Whiting (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 20  
(Month) (Day) (Year)

(Signature of Circulator)


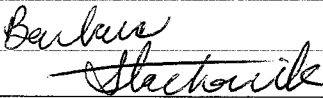
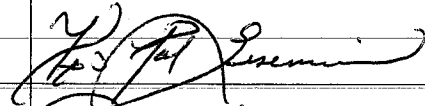
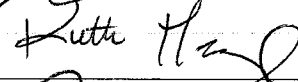
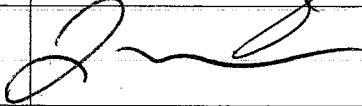
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# 1149

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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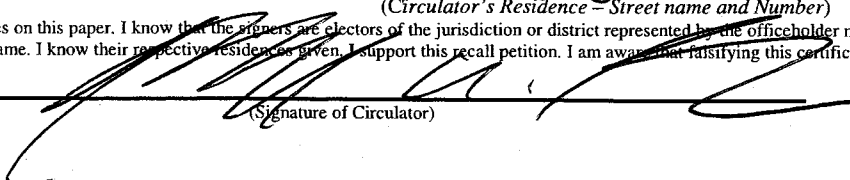
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email Phone
1. Richard Bukowski		Street: 8703 SCENIC DR City: WESTON WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WESTON	11/15/2011 (Month) (Day) (Year)	R
2. BARBARA STACHOWIAK		Street: 923 S 4 AVE City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/15/2011 (Month) (Day) (Year)	ba
3. KEVIN PAUL EISENMAN		Street: 923 S 4TH AVE City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/15/2011 (Month) (Day) (Year)	Kevin
4. Ruth Heinzl		Street: 7615 N Troy St City: WAUSAU Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	11/15/2011 (Month) (Day) (Year)	cold
5. Josh Barkley		Street: 301 120th Ave. City: Marathon Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stettin	11/15/2011 (Month) (Day) (Year)	rum
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	

## Certification of Circulator

I, SAMUEL GLENZER, (certify): I reside at 123 WALKINER Whiting  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences as given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011  
(Month) (Day) (Year)

  
(Signature of Circulator)

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# 1150